PATHOLOGY AND BACTERIOLOGY

UNDER THE CHARGE OF OSKAR KLOTZ, M.D., C.M.,

PROFESSOR OF PATHOLOGY AND BACTERIOLOGY, UNIVERSITY OF PITTSBURGH, PA.

The Precipitin Test for Blood in Feces.—Hektoen, Fantus and Porris (Jour. Infect. Dis., 1919, xxiv, 482) studying the precipitin test as applied to human feces, using antihuman rabbit serum, reported very limited value of this test as compared with chemical tests. They believe that the only practical value of the precipitin test for human blood in feces could be in cases giving a negative precipitin test and a positive reaction with the Weber or benzidine tests, as the negative result would indicate that the positive chemical tests were probably due to some other factor than human blood.

A Functional and Pathological Study of the Chronic Nephropathy Induced in the Dog by Uranium Nitrate .- In 1888 Chittenden and Hutchinson reported their observations on the production of an acute nephropathy by uranium salts. Subsequent observations have dealt largely with the type of the pathological response on the part of the kidney and the processes of repair which take place in the kidney during its recovery from the acute injury. MACNIDER (Jour. Exper. Med., 1919, xxix, 513) undertook an investigation to study the functional capacity of the kidney during the period of the acute injury from uranium and also when the kidney is recovering from the acute degeneration and passing into a stage of chronic injury. Observations were also made of the changes in the acid-base equilibrium of the blood of these animals both during the period of acute injury and the stage of repair. Twenty-seven female dogs, varying in age from five months to ten and a half years, were used in the experiments. The author's studies confirm the work of Dickson, who demonstrated that uranium would produce in certain of the lower animals a chronic kidney injury comparable with certain of the chronic diffuse nephropathies of man. The severity of the acute degenerative changes in the kidney is largely dependent upon the age of the animal. The older animals develop a more rapid and severer type of intoxication than the younger ones. The intoxication is characterized by a reduction in the alkali reserve of the blood and by the development of a kidney injury. The injury is expressed functionally by the appearanec of albumin in the urine, a reduction in the elimination of phenolsulphonephthalein and by a retention of blood area. All animals intoxicated by uranium have shown a disturbance in the acid-base equilibrium of the blood, as indicated by a reduction in the alkali reserve and by a decrease in the tension of alveolar air earbon dioxide. In the younger animals when an attempt at repair takes place the depletion of the alkali reserve of the blood is in part restored, and with the regeneration of epithelium in the younger animals the functional capacity of the kidney improves. Repair in these animals leads to the development of a chronic diffuse type of nephropathy in which the acid-base equilibrium of the blood may be maintained at the point of normality.

HYGIENE AND PUBLIC HEALTH

UNDER THE CHARGE OF MILTON J. ROSENAU, M.D.,

PROFESSOR OF PREVENTIVE MEDICINE AND HYGIENE, HARVARD MEDICAL SCROOL, BOSTON, MASSACHIBETTS.

AND

GEORGE W. McCOY, M.D.,

DIRECTOR OF HYGIENIC LABORATORY, UNITED STATES PUBLIC HEALTH SERVICE, WASHINGTON, D. C.

Narcotic Drug Addiction as Regulated by a State Department of Health. - Blate (Jour. Am. Med. Assn., 1919, vol. Ixxii, 1441). believes that after sufficient administrative machinery, both federal and state, is developed, the importation and sale of all habitinducing drugs should be made a government monopoly; that it should be unlawful for any physician to prescribe or dispense any of these drugs in any but the accepted therapeutic dosage under any conditions or to buy or possess them in quantity greater than the legitimate therapeutic needs of his own or institutional practice fully justifies; that pharmacists be prohibited from selling them in any quantity whatsoever, and he be allowed to fill no prescription calling for more than the usual therapeutic dosage; and that no ready-made or proprietary product earrying any narcotic whatever be allowed to be sold. He would have an official, not in medical, pharmaccutical or dental practice, in every district to whom every particle of the government supply for the district should be sent. It would be his duty to estimate the legitimate needs of all professional people and to supply them so much and no more, except in time of public emergency or unusual circumstances. To him should be reported every addict in the district, even inoperable surgical cases, as well as all persons requiring on the testimony of a physician, doses in excess of the usual; and this official would supply to these persons such amounts as would appear necessary, humanely caring for the addicts already made, but sternly refusing to supply new ones except those with diseases which positively demand large doses. This plan would yield definite results and would relieve the physician of an unwelcome class of work that, in the nature of the case, he cannot handle well. Perhaps there would be much medical objection at first, but the plan would probably work so well that the profession at large would soon come to support it most enthusiastically. Certainly it would relieve the profession of a great amount of narcotic bookkeeping and reports, and would control the problem much better than does any existing plan.